

# GRIEVANCE AGAINST A CERTIFIED PROFESSIONAL GUARDIAN

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## 1. INCAPACITATED PERSON:

Name:

(Last name, first name, middle initial)

County in which guardianship is filed:

Guardianship Case # (upper right corner of pleading):

## 2. GRIEVANT:

Your Name:

(Last name, first name, middle initial)

Your Address

(Street Address)

(City, State, Zip Code)

Your Phone Number:

Your Email Address:

Your Relationship to the Incapacitated Person or to the case:

## 3. CERTIFIED PROFESSIONAL GUARDIAN:

Name:

Last name, first name

CPG Number (if you know it)

Agency Name (if any)

#### 4. DESCRIPTION OF YOUR GRIEVANCE:

a. Is the guardianship in effect now?

☐

Yes

☐

No

b. Has the guardianship court considered the matters you are concerned about?

☐

Yes

☐

No

c. Have you complained to any other agency?

☐

Yes

☐

No

d. Have you discussed your concerns with the guardian?

☐

Yes

☐

No

e. Please describe what the guardian did or did not do, what they said, or any other actions of the guardian that you are concerned about. **Please enter a specific summary including dates, times, and places of your complaint here in a hundred words or less, as this will aid in the process and review of your complaint. You may also be asked to include any relevant documents, such as court orders, petitions, letters to or from the guardian, etc. If you need to say more, you may also add more pages or an attached document.**


#### Consent and Affirmation:

I understand that the filing of a grievance constitutes my consent to the

disclosure of the content of my grievance to the Certified Professional Guardian, the Certified Professional Guardian Board, the Superior Court, and to others; and to the disclosure by the Guardian Investigator and by others of any information relevant to the investigation. I understand that my grievance may become public. I understand that this grievance form is a public record.

In filing this grievance with the Certified Professional Guardian Board, I affirm that the information I am providing is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_ Signed at: \_\_\_\_\_  
(City, State)

Signature: \_\_\_\_\_

**Mail the completed and signed Grievance Form to:**

Administrative Office of the Courts  
Attn: Certified Professional Guardian Board  
1206 Quince St SE  
P O Box 41170  
Olympia, WA 98504-1170